





Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I									SMALL E	ENTITY		OTHER	THAN
		1	(Column 1)			(Column 2)		ı _	TYPE		OR	SMALL	ENTITY
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE										345.00	OR		690.00
TO	TAL CLAIMS		/ minus 20=			*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3			= *			X39=		OR	X78=	·
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	260
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	950
CLAIMS AS AMENDED - PART II									•			OTHER THAN	
3	(Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIM REMAINI AFTER AMENDM	ING R		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 28		Minus	**	20	= 8		X\$ 9=		ÓВ	X\$18=	144
AME	Independent	· 5		Minus	**	* 3	= 2		X39=	·	OR	×98±	136
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=	
84 16 F									TOTAL			TOTAL	300
		(Columi	n 1)		u	Column 2)	(Column 3)	A	ADDIT. FEE		J~	ADDIT. FEE	
		CLAIM	1S		Т	HIGHEST		l		ADDI-			ADDI-
AMENDMENT B		REMAIN AFTEI AMENDM	R		PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	.X\$18=	
ME	Independent	*		Minus	**	/ *	=	 	X39=		OR	X78=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							╏┟			Un	• • • •	
									+130=	·	OR	+260=	
								A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIM REMAIN AFTEI AMENDM	ING R		P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9=	,	OR	X\$18=	,
\ME	Independent	*		Minus	**	·	=	!	X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J ├					<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									+130=		OR	+260=	
**	lf the "Highest Nu	mber Previo	usly Pa	id For ÎN THI	IS SP	PACE is less tha	an 20, enter "20.	." A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

This is for INTERNAL PT USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER	·				
	Fee Cade	Total - # Claims	Number Essen X	Fee	Fee	- Tacal
	Sm./Lg.			Sm. Entity	Lg. Entiry	0/
Basic Filing Fee	201/101					69
Total Claims >20	203/103 .	-20	x		-	
Independent Claim: >]	202/102		х х			
Mult. Dep Claim Present	204/104					260
Surcharge	205/105	•				130
English Translation	139 .				•	
TOTAL FEE CALCULA	TION					1080
Fees due upon filing th	ne application.				•	
Total Filing Fees Due	= '5	1080				
Less Filing Fees Subm.	ined - S					
BALANCE DUE	= 5 /	080				
Office of Initial Patent E	Examination					
FORM OIPE-RAM-OI (Rev.	. 12/97)	Fig	ure 7			